

Customer Copy
Label 11-F June 2002



EV 337191292 US



UNITED STATES POSTAL SERVICE®

Post Office to Addressee

ORIGIN (POSTAL USE ONLY)		DELIVERY (POSTAL USE ONLY)	
PO ZIP Code	Day of Delivery	Delivery Attempt	Time
02109	<input type="checkbox"/> Next <input checked="" type="checkbox"/> Second	Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
Date in	Postage	Delivery Attempt	Time
10/1/05	\$	Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
Mo. 1 Day 1 PM	Return Receipt Fee	Delivery Attempt	Time
Time in	COD Fee	Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
10/1/05	Insurance Fee	Delivery Attempt	Time
10/1/05	Total Postage & Fees	Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
Weight	Accompanance Clerk Initials	Delivery Attempt	Time
1 lb. 2 oz.	Int'l Alpha Country Code	Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
No Delivery	Accompanance Clerk Initials	Delivery Attempt	Time
Weighted	Int'l Alpha Country Code	Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
1 lb. 2 oz.	Accompanance Clerk Initials	Delivery Attempt	Time
Weighted	Int'l Alpha Country Code	Day	AM <input type="checkbox"/> PM <input type="checkbox"/>

DELIVERY (POSTAL USE ONLY)	
Delivery Attempt	Time
Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
Delivery Attempt	Time
Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
Delivery Attempt	Time
Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
Delivery Attempt	Time
Day	AM <input type="checkbox"/> PM <input type="checkbox"/>
Delivery Attempt	Time
Day	AM <input type="checkbox"/> PM <input type="checkbox"/>

Customer Use Only

Method of Payment

Express Mail Corporate Acct. No.

FROM: (PLEASE PRINT)

OMELVINY & MYERS, LLP

114 PACIFICA STE 100

IRVINE CA 92618-3318

892.280-499 DKW/cp

TO: (PLEASE PRINT)

COMMISSIONER FOR PATENTS

PO BOX 1450

ALEXANDRIA VA 22303-1450

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